

LIFESECURE INSURANCE COMPANY - NAIC 77720**LTC Individual - Comprehensive - Tax Qualified**

POLICY FORM: LS 0002 CA 07 07 (2.8 Years)

1. Maximum Policy Benefit (MPB) = In year(s). Enter the number of days in Company Notes.

1Yr	2Yrs	3Yrs	4Yrs	5Yrs	6Yrs	7Yrs	Lifetime	Other
		YES						

MPB Company Notes:	1,013 (Number of Days) times the Nursing Facility Daily Benefit = 2.8 Years. Other Notes:
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2. Nursing Home/Facility Daily Benefit Amounts (NHB) - There is a minimum and maximum amount offered in dollar increments.

Minimum	Maximum	Increment	Day	Week	Month	None	Other
\$2,250	\$15,000	\$1	NO	NO	YES	NO	NO

NHB Company Notes:	Enter Notes: None reported by the company.
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3. Residential Care Facility Daily Benefit (RCFE) - Represents the RCFE percentage of the Nursing Facility Limit.

100%	90%	80%	75%	70%	Other
YES					

RCFE Company Notes:	Enter Notes: None reported by the company.
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4. Home Care Benefit Amounts (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies.

100%	90%	80%	75%	70%	60%	50%	None	Other
YES								

HCB Company Notes:	Enter Notes: None reported by the company.
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5. Home Care Only Benefit Amounts (HCBO) - There is a minimum and maximum amount offered in dollar increments.

Minimum	Maximum	Increment	Day	Week	Month	None	Other
						YES	

HCBO Company Notes:	Not Applicable: This LTC policy form is not a Home Care Only policy.
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6. Qualification for Benefits (QB)

QB_2_OF_6	QB_2_OF_7	QB_OTH1	QB_MN	QB_CI	QB_90DR	QB_OTH2
YES				YES		

QB Company Notes:	The need for human assistance or continual supervision to perform at least 2 of 6 Activities of Daily Living or due to severe cognitive impairment.
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7. Elimination Period (EP) = In days Select all that applies.

0	20	30	60	90	100	CALENDAR	SERVICE	Other
NO	NO	NO	NO	YES	NO	YES	NO	NO

EP Company Notes:

Enter Notes: None reported by the company.

8. Inflation Protection (IP)

IP Methodology	5% Compound	5% Simple	Guaranteed Purchase Option	Other
Explain IP Methodology: None reported by the company.	YES	NO	YES	YES

IP Company Notes:

Enter Notes: 3% Compound

9. Waiver of Premium (WAVP)

Enter Notes: Premium is waived beginning on the first day the policyholder begins receiving benefits.

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Long Term Care Insurance Rates

LTC Individual - Comprehensive - Tax Qualified

30 Day Elimination Period**90 Day Elimination Period - Calendar**

ISSUE AGE	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION
50					\$643	\$1,749		
55					\$763	\$2,007		
60					\$1,019	\$2,609		
65					\$1,469	\$3,467		
70					\$2,548	\$5,172		
75					\$4,716	\$8,064		
80					\$6,421	\$9,503		

Customer Service Telephone Number:

(866) 582 - 7701